

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF <u>Kenny Hill</u>		COURT CASE NUMBER <u>05-160 Erie</u>	
DEFENDANT <u>John J. Lamanna</u>		TYPE OF PROCESS <u>Civil</u>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>FCI McKean</u>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>P.O. Box 5000; Bradford, PA 16701</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	<u>ONE</u>
<div style="border: 1px solid black; padding: 5px;"> <u>Kenny Hill #17110-016</u> <u>FCC Petersburg Low</u> <u>P.O. Box 1000</u> <u>Petersburg, VA 23804</u> </div>		Number of parties to be served in this case	<u>SIX</u>
		Check for service on U.S.A.	<u>X</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):*

Fold

Fold

John J. Lamanna's
(803) 637-1302
Fax: (803) 637-9840

Signature of Attorney or Originator requesting service on behalf of: <u>Mr. Kenny E. Hill</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>11-29-05</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above *(See remarks below)*

Name and title of individual served *(if not shown above)*

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address *(complete only different than shown above)*

Date 12/20/05 Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Shirley Blum

Service Fee <u>Joe</u>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <u>Joe</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: Art 98-12 8020 5168 12-20-05

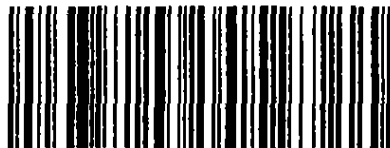
PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

2. Article Number



7160 3901 9842 8020 5168

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

JOHN J. LAMANNA, WARDEN
FCI MCKEAN
P.O. BOX 5000
BRADFORD, PA. 16701

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Agent
☐ Addressee

☐ Yes
☐ No

5-160⁺, S/C/D, 12/20/05, SRA

PS Form 3811, January 2003

Domestic Return Receipt